



EDUCATOR CERTIFICATION/CONDUCT AND INVESTIGATIONS
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
(573) 522-8315 or (573) 522-8316

VERIFICATION OF CERTIFICATE/LICENSE TO TEACH AND/OR PROFESSIONAL LICENSE

APPLICANT MUST SEND THIS FORM TO EACH CERTIFYING/LICENSING ENTITY WHERE APPLICANT HAS HELD OR CURRENTLY HOLDS A CERTIFICATE OF LICENSE TO TEACH AND/OR PROFESSIONAL LICENSE OR SIMILAR TITLE. THE CERTIFYING/LICENSING ENTITY SHOULD RETURN THE FORM TO THE ABOVE ADDRESS.

A: TO BE COMPLETED BY APPLICANT. CAREFULLY COMPLETE INFORMATION IN SECTION A ONLY.

SOCIAL SECURITY NUMBER*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ()

W ()

*View Social Security Number Disclosure Notice at <http://dese.mo.gov/schoollaw/freqaskques/SSNUUsage.htm>

I hereby allow the certifying/licensing entity to release the information concerning my certificate of license to teach and/or professional license or similar title to Educator Certification/Conduct and Investigations, Department of Elementary and Secondary Education, State of Missouri.

LEGAL SIGNATURE OF APPLICANT

DATE

B: CERTIFYING/LICENSING ENTITY TO PROCESS REMAINDER OF FORM

DO NOT RETURN QUESTIONNAIRE TO APPLICANT. THIS FORM SHOULD BE RETURNED TO THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, EDUCATOR CERTIFICATION/CONDUCT AND INVESTIGATIONS SECTION, AT THE ABOVE ADDRESS.

I confirm that the above-named individual holds the following.

TYPE OF PROFESSIONAL LICENSE

GRADE
LEVELS

EFFECTIVE DATES

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ I confirm that the above-named individual has or has held a certificate of license to teach and/or professional license or similar title and that it has not been suspended, surrendered, disciplined, or revoked in this state.

☐ I confirm that the above-named individual has or has held a valid certificate of license to teach and/or professional license or similar title which is or has been suspended, surrendered, disciplined, or revoked. I have attached explanatory materials which fully disclose the reasons for such action. (Permission to provide this information is granted in the upper portion of this form.)

☐

AGENCY

DATE

ADDRESS

SIGNATURE

CITY/STATE/ZIP

TITLE

PLEASE RETURN THIS FORM TO THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, EDUCATOR CERTIFICATION/CONDUCT AND INVESTIGATIONS SECTION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480. DO NOT RETURN THIS FORM TO THE APPLICANT.

ORIGINAL SIGNATURE REQUIRED—NO FAXES OR PHOTOCOPIES.